Let’s Talk About How We Talk About People – Using 'Person First' Language

[**August 8, 2014**](http://www.mehaf.org/news-room/blog/how-we-talk-about-people-using-person-first-language/) [**By Shelby Chouinard**](http://www.mehaf.org/news-room/blog/how-we-talk-about-people-using-person-first-language/) [**Blog**](http://www.mehaf.org/news-room/blog/)

*“The difference between the right word and the almost right word is a really large matter- it’s the difference between the lightning bug and the lightning.”* – Mark Twain

Every day health and social service professionals meet to talk about the populations served by their organizations. If you were a fly on the wall in these meetings, you would often hear the individuals being served described as "the marginalized,"the poor," "the homeless," "the patient or consumer." You might also hear about "the autistic," "the schizophrenic," or "the diabetic."

Why is there often an awkwardness in using language that accurately describes the cohort of people being discussed while still honoring and respecting the individuals being served?

Health and social services professionals often focus on the condition, diagnosis, socioeconomic status or experiences before considering the actual person who maybe living with the condition or situation. Using situational conditions to categorize individuals may arise from the best of intentions: it may be mandated by reporting requirements, or necessary to respond to an RFP aimed toward helping specific populations. Where the language may be lacking is simply in the placement of words.

The power of word placement is fascinating. Several of us from MeHAF attended a recent workshop at Colby College on poverty led by [**Dr. Donna Beegle.**](http://www.combarriers.com/home) In the workshop, Dr. Beegle described an activity she did with a class of college freshman. Dr. Beegle asked the class to list the things that automatically came to mind when she used the words “homeless person.” The class immediately listed negative stereotypes: dirty, drug addict, lazy, just to name a few. She then asked the same class to list the things that automatically came to mind when she said, “a person without a home.” The responses were dramatically different: maybe a person who has lost their job, or someone whose home has burned down.

Where we place the person in relation to their condition, diagnosis or situation in the language we use can change the way we think about people. Above all other possible conditions or situations, an individual is first, a person.

Think about the term “special needs person.” This commonly-used phrase may seem neutral, but the word placement takes emphasis away from the individual and puts it directly on his or her assumed “special need” simply by putting the person second in the phrase.

We jump on the condition to make assumptions *for* the individual instead of *with* the individual.

For example, when a professional reads a diagnosis of autism before meeting the individual they are going to be serving, they may bring a preconceived notion of what this individual needs based solely on the diagnosis. These assumptions may be based on years of practice. However, no decisions should be made without the input of the person who will be accessing the services. If we think about the person before the conditions or circumstances they may be living with, we would see their needs from an entirely different perspective: the needs of an individual.

Let’s go back to the term “special needs person.” If you run the term through the person first thought process you may begin to wonder: does the individual with these "needs" really think they are special?

Kathie Snow, a speaker, consultant, author and owner of the website [**Disability is Natural,**](http://www.disabilityisnatural.com/) is the creator of the Person First Language paradigm which outlines the positive impact of person first language on persons with disabilities. In her article, [**“To ensure inclusion, freedom and respect for all, it’s time to embrace People First Language,”**](http://www.disabilityisnatural.com/images/PDF/pfl09.pdf) Snow talks about the idea behind the term “special needs.”  If an individual has been experiencing these "needs" for a good portion (if not all) of their lives, they will have had to adapt to a different set of resources and coping mechanisms that to them would be ‘normal.’ To individuals with identified needs, their lifestyles aren’t special, they are ordinary. With that being said, doesn’t every human being have a certain set of "special needs"?

Ultimately, language should be used to empower individuals, not place limitations on them. Just as individuals choose to either go by their full name or by a nickname, how we talk about people and the situations or conditions they live with should be decided by the people living with the situations. Just because professionals believe person first language is empowering doesn’t mean every single individual living with a condition, diagnosis or situation feels the same way. Some individuals they prefer person second language. For example, many members of the deaf community prefer not to use person first language. Why, you may ask? The reason is, for these people, being deaf is an identifying characteristic that they are empowered by.

Each time you talk about another person, take a moment to consider the language you are using. Be cognizant of the power of simple word placement to affect attitudes and assumptions, and avoid putting the condition, diagnosis or situation before the person. Because whether you are a depressed person or a person who lives with depression, the power of word placement is in *your* hands.

***Shelby Chouinard****, B.S., is interning with MeHAF this summer through the Hanley Center for Health Leadership's 2014 Undergraduate Internship program. She just graduated from University of Maine Farmington with a major in rehabilitation services.*

- See more at: http://www.mehaf.org/news-room/blog/how-we-talk-about-people-using-person-first-language/#sthash.1fZcgaag.dpuf